

## DENTAL PLANS COMPARED

Features	United Concordia	Employers Dental Services
Annual Calendar Year Maximum per person	\$2,000	None
Orthodontic Service	Diagnostic, active and retention treatment 50% coinsurance Adults and dependent students through age 24 \$1,500 Lifetime Orthodontic Maximum; lifetime maximum will be coordinated with prior group insurance carrier; continuing services previously covered under a pre-paid dental plan will not be covered.	Choose one of two plans <b>Madera Plan</b> Up to two years active banding: Under age 19 copayment of \$2,475 - \$3,345 copayment Over age 19 copayment of \$2,675 - \$3,595 copayment Not all procedures or treatments are covered; some limitations and exclusions apply OR <b>25% discount on all orthodontic services</b> Metal banding, invisible braces, and Invisalign braces are covered Appliances such as expanders, reverse headgear, Herbst, Pendulum, Nance, Tongue Crib, Jaspers, Sagittal, and Schwartz Prices on which the discount is calculated may vary by orthodontist
Provider Network Access	In-Network (participating) and Out-of-Network, (non-participating) providers both available	Must use EDS contracted dentists
Deductible	\$50 per person/\$100 per family (waived for diagnostic, preventive and orthodontic services)	None
Diagnostic and Preventive Services	100% coverage for Diagnostic, Preventive, and Palliative Services Routine Oral Exams/ cleanings (twice/year) X-rays (limits apply) Sealants of permanent molars (through age 15) Fluoride (twice per year through age 18)	Diagnostic and Preventive Services(at general dentist): Office visit/\$3 Routine Oral Exam - \$0 Cleaning - \$0 Oral exam - \$0 X-rays - \$0 Sealants - \$12 per tooth Fluoride - \$0 Emergency Services - up to \$200 reimbursement less applicable copayment(s)
Basic Restoration Services	Basic Services 80% coverage Fillings (amalgam on posterior teeth) Oral Surgery Endodontics Periodontics Repair of denture and bridgework Simple extractions Complex Oral Surgery General Anesthesia	Basic Services (at general dentist): Fillings (amalgam) \$8 - \$21 copayment Fillings (resin) \$22 - \$40 copayment Oral Surgery: from \$35 copayment Endodontics: root canal \$170 - \$265 copayment Periodontics: debridement \$80 copayment; Scaling and root planing/quadrant \$90 copayment
Major Services	Major Restorative 50% coverage Inlays, Onlays, Crowns Partial or complete dentures Fixed bridges	Major Restorative(at general dentist): Crown porcelain w/metal \$250 copayment + lab fee Complete dentures upper or lower \$325 copayment for each + lab fee Partial dentures upper or lower (resin base) \$375 copayment for each + lab fee Bridge per pontic \$250 copayment + lab fee

